



**KING COUNTY MENTAL HEALTH BOARD
QUALITY COUNCIL**

**Quality Council
Monday, August 26, 2002
3:30-5:00 p.m.**

Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Alice Howell
Eleanor Owen
Steven Collins
Clifford Thurston
Frank Jose

Excused

Jack Fuller
Alberto Gallegos

Absent

Debra Roszkowski
Jeanette Barnes

Staff Present:

Liz Gilbert
Walt Adam

Guests

Barbara Vannatter, United Behavioral Health (UBH)
Diane Boyd, Ruth Dykman Children's Center

CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

INTRODUCTIONS

Meeting participants introduced themselves.

Sign language and communication material in alternate formats can be arranged, given sufficient notice (296-5210). TDD Number 206-461-3219.





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ANNOUNCEMENTS

- Frank Jose encouraged participants to participate in the Washington Advocacy for the Mentally Ill (WAMI) fun run being held on September 28, 2002.
- Liz Gilbert reminded participants of the Recovery Conference on September 19, 2002 at the Mountaineer's Club.

Regional Support Network (RSN) UPDATE

Liz provided an update of current activities at the RSN, including:

- The Mental Health Plan 2003 Policy & Procedure Manual has been released for review and comment
- An update on the hiring process in preparation for 2003
- The Inpatient Authorization Services Request for Proposal (RFP) has been released
- RSN participation in the upcoming Substance Abuse Among Older Adults: Prevention and Treatment Approaches on November 6, 2002 in Tukwila, WA
- Children's initiatives, including: System of Care Planning, cross-system training with Division of Child and Family Services (DCFS), planning efforts to address access to Children's Long-term Inpatient Program
- The *Good News* Newsletter published by the Quality Review Team (QRT).

UBH UPDATE

The update focuses on the recent complaint about the quality of care provided at an RSN-funded residential facility. As the result of a complaint, Ann Allen, Client Services Specialist from UBH, visited the particular facility and has identified areas where UBH will be requiring corrective action. Neither UBH nor the RSN license supported living facilities: licensing is conducted the Department of Social and Health Services Aging and Adult Services (DSHS AAS), Residential branch. UBH oversees the quality of care provided RSN clients, and has this authority through their contract with the RSN. Among the concerns identified during Ann's site visit are: overall cleanliness and maintenance of the facility; missing and/or late case notes; missing documentation, particularly regarding programming activities. Liz Gilbert added that while the RSN does not control AAS licensing decisions, it can make decisions about which agencies and facilities it licenses.





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RESIDENTIAL PLANNING ACTIVITIES – Walt Adam

Walt described the AAS licensing process. AAS schedules annual inspections at each facility holding a license. The last inspection of the facility currently being discussed was October 1, 2001, and AAS identified a number of deficiencies. AAS followed up with an unannounced site visit during February 2002, and deficiencies continued to be identified. Walt will follow up with AAS to find out the current license status of this facility.

Walt pointed out that there is considerable difference among the facilities funded by the RSN. Northlake (the facility under discussion) is among the older ones, and its current owner tried to obtain a loan from the City of Seattle that would have funded many updates and improvements. However, the City was unwilling to provide this loan unless the facility could guarantee at least 20 year's funding from the RSN, and the RSN cannot provide this type of assurance.

Discussion followed and a number of issues related to the RSN's overall role with contracting with residential facilities were identified. Members of the Quality Council stated the RSN should routinely receive copies of license reports for all facilities funded by the RSN. The RSN should also consider how to work with the Long-term Care Ombuds Office when there are concerns about the quality of facilities and/or client care.

The idea of RSN participation in AAS licensing visits was also discussed. The thought was that a joint visit would be useful to both agencies, and would allow for a more comprehensive review. Walt will explore the feasibility.

A general discussion followed about the RSN role with residential facilities. All facilities are currently owned by licensed community mental health agencies, except for Benson Heights. Both the RSN and client participation funds room and board. Clients living in Supervised Living (SL) facilities are concurrently enrolled in outpatient services, but the outpatient provider receives the tier payment. Clients living in Long Term Rehabilitation (LTR) facilities have an LTR tier benefit, and receive their mental health services from the LTR provider. These clients are among the most ill of all clients living in the community.

Walt talked about the direction the RSN is looking at during its residential planning process. We aren't certain all elements of the current model will continue -- we need

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residential services and supports – not necessarily limited to facilities, especially those that house 40-50 people in mini institutions. The RSN has been reviewing the average length of stay (LOS) for clients residing in residential facilities, and for many the LOS is 4-5 years. As part of the residential planning process, the RSN is looking at whether LOS is truly driven by clinical judgement, or whether other factors are at play. The RSN is concerned that residential facilities do not provide the optimum environment for recovery.

Walt described interviews currently being conducted in conjunction with the residential study. These interviews are being done with clients and with residential staff, and are seeking to identify the types of supports clients need/would need in order to live in independent housing. Findings from these interviews will provide the backbone for the residential plan. When asked if we are looking at “best practice” models from other areas/states, Walt replied that this type of review is not included in the current plan – instead we are trying to learn from clients in our system how we can best support them in independent housing options. We hoped the survey recently completed by the state Mental Health Department (MHD) would include best practices, but this was not the case.

Action:

Quality Council (QC) members then discussed crafting a set of recommendations for the RSN related to its oversight of residential facilities. Chairperson Ron Sterling will draft a letter to the Chairman of the King County Mental Health Advisory Board, and will circulate this letter to QC members for review and comment.

AFTER HOUR CRISIS RESPONSE – Alice Howell

Alice noted that the next meeting of the planning group will be held until September 12th. The group has sorted through a number of options, and is focusing on two primary options. Both options include 24/7 countywide crisis response for all clients. The first option maintains outpatient provider responsibility for “business” hours, but identifies a specialized provider for after-hour crisis response. The second option is similar to the current model in which outpatient providers maintain responsibility for after-hour response, but includes certain new requirements: provision of a single after-hour telephone number; telephone response provide by a person with triage skills; “live” people answering the telephone. An important consideration is that the plan must be realistic within available resources. The group hopes to complete its work in 2-3 meetings.





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FUTURE MEETINGS

The Quality Council discussed process ideas for future meetings. One idea is that agenda items not covered during a meeting should be automatically included in the next meeting's agenda whenever possible. The Council also discussed structuring meetings so that there is more emphasis on action items than on discussing problems or getting information.

Ron spoke about continuing an emphasis on issues related to case managers: retention, salaries, expectations vs. reality, lack of training, lack of data about caseload size.

**NOTE: The September meeting will be held on
September 30th, 2002**

For information call Liz Gilbert, King County Mental Health, Chemical Abuse and Dependency Services Division at (206) 205-1322.

